Г	B C D	E	F	G	Н	J	K	L	M N	I 0	Р	Q	R	S	T I	U V	X	
	Unified Rate Review v3.3			·								•				•		•
	Company Legal Name:	Δetna Health I	Inc. (a PA corp.)	State:	Υ													
	HIOS Issuer ID:	34822	(a 1 74 co. p.,		mall Group													
			I control of	ividiket.	iliali Gioup													
	Effective Date of Rate Change(s)	): 1/1/201/																
	Market Level Calculations (Same for all	Plans)																
	warket Level calculations (same for all	· iuiis,																
	Section I: Experience period data																	
	Experience Period:	1/1/2015	to	12/31/2015														
			Experience Period		0/ - 6 D													
	Premiums (net of MLR Rebate) in Experi	ience Period:	Aggregate Amount \$1		% of Prem 100.00%													
	Incurred Claims in Experience Period	ichice i chiou.	\$0		0.00%													
	Allowed Claims:		\$0		0.00%													
	Index Rate of Experience Period			\$0.00														
	Experience Period Member Months		1	1														
	Section II: Allowed Claims, PMPM basis																	
	Section II. Allowed Claims, PiviPivi basis		Projec	tion Period: 1/1	/2017	to	12/31/2017	Mid	d-noint to Mid-	noint Experier	ce to Projection:	24 r	months					
	Experience Period					Adj't. from		Annualized		,,		- p	p				•	
	on Actual Experience Allowed					to Projection Period Factors			Projections, before credibility Adjustment Credibility Man									
		Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
	Benefit Category Inpatient Hospital	Description Days	1,000 1.00	Cost/Service \$1.00	<b>PMPM</b> \$0.00	Morbidity 1.065	Other 0.976	1.054	Util 1.023	<b>1,000</b> 1.11	Cost/Service \$1.08	<b>PMPM</b> \$0.00	per 1,000 306.79	Cost/Service \$4,893.93	PMPM \$125.12			
	Outpatient Hospital	Visits	1.00		0.00	1.065		1.054	1.063	1.20	1.08	0.00	1141.47	1,329.26	126.44			
	Professional	Visits	1.00	1.00	0.00	1.065	0.976	1.014	1.058	1.19	1.00	0.00	7612.30	161.44	102.41			
	Other Medical	Visits	1.00	1.00	0.00	1.065	0.976	1.051	1.063	1.20	1.08	0.00	4943.13	276.66	113.96			
												0.00	12970.63	0.44	0.47			
	Capitation	Benefit Period	1.00		0.00	1.065		1.000	1.007	1.08	0.98	0.00						
	Prescription Drug		1.00 1.00		0.00	1.065 1.065		1.000 1.091	1.007 1.023	1.08 1.12	0.98 1.16	0.00	11146.52	114.19	106.07			
		Benefit Period														After Credibility	Drainstad Day	ied Totals
	Prescription Drug Total	Benefit Period		1.00	<u>0.00</u> \$0.00	1.065	0.976	1.091	1.023	1.12		<u>0.00</u> \$0.00			106.07 \$574.48	After Credibility	Projected Per	
	Prescription Drug	Benefit Period		1.00	0.00	1.065 Experience Clain	0.976 ns PMPM (w/app	1.091	1.023	1.12		0.00			106.07	After Credibility \$574.48 0.766		iod Totals 2,298,494
	Prescription Drug Total	Benefit Period		1.00	<u>0.00</u> \$0.00	1.065 Experience Clain Paid to Allowe	0.976	1.091 olied credi	1.023 ibility if application Period	1.12 cable)		<u>0.00</u> \$0.00			106.07 \$574.48	\$574.48	\$	
	Prescription Drug Total	Benefit Period		1.00	<u>0.00</u> \$0.00	1.065  Experience Clain Paid to Allowe Projected Incu	0.976  ns PMPM (w/app ed Average Factor	1.091 olied credi or in Project	1.023 ibility if application Period	1.12 cable)		<u>0.00</u> \$0.00			106.07 \$574.48	\$574.48 0.766	<u> </u>	2,298,494
	Prescription Drug Total	Benefit Period		1.00	<u>0.00</u> \$0.00	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I	o.976  as PMPM (w/apped Average Factor arred Claims, before a Adjustments PM accurred Claims, incurred Claim	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  Table)  Ij't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48	\$574.48 0.766 \$440.05 -0.13	\$	52,298,494 51,760,646
	Prescription Drug Total	Benefit Period		1.00	0.00 \$0.00 rojected Allowed	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I	0.976  as PMPM (w/apped Average Factor irred Claims, before Adjustments PM	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  Table)  Ij't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48	\$574.48 0.766 \$440.05 -0.13 \$440.18	\$       	2,298,494 31,760,646 (520) 31,761,167 0
	Prescription Drug Total	Benefit Period		1.00	<u>0.00</u> \$0.00	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I	o.976  as PMPM (w/apped Average Factor arred Claims, before a Adjustments PM accurred Claims, incurred Claim	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  Table)  Ij't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48	\$574.48 0.766 \$440.05 -0.13	\$       	2,298,494 1,760,646 (520) 1,761,167
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I Projected ACA Claims	o.976  as PMPM (w/apped Average Factor arred Claims, before a Adjustments PM accurred Claims, incurred Claim	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  Table)  Ij't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18	\$       	2,298,494 31,760,646 (520) 31,761,167 0 11,761,167 207,514
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred dministrative Exp rofit & Risk Load	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I Projected ACA Claims	o.976  as PMPM (w/apped Average Factor arred Claims, before a Adjustments PM accurred Claims, incurred Claim	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  Table)  Ij't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00% 9.61% 3.90%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18	\$       	2,298,494 31,760,646 (520) 31,761,167 0 11,761,167 207,514 84,215
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred dministrative Exp rofit & Risk Load axes & Fees	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I Projected ACA Claims Ense Load	o.976  as PMPM (w/apj dd Average Factorred Claims, bef Adjustments PN ncurred Claims, or reinsurance rec	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  cable)  lj't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18 51.87 21.05 26.61	\$ \$	22,298,494 11,760,646 (520) 11,761,167 0 11,761,167 207,514 84,215 106,456
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred dministrative Exp rofit & Risk Load axes & Fees ingle Risk Pool Grr	1.065  Experience Clain Paid to Allowe Projected Incu Projected Risk Projected I Projected ACA Claims ense Load	o.976  as PMPM (w/apj dd Average Factorred Claims, bef Adjustments PN ncurred Claims, or reinsurance rec	1.091  olied credi or in Project fore ACA r MPM  before rei	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  cable)  lj't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00% 9.61% 3.90%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18 51.87 21.05 26.61 \$539.70	\$ \$	2,298,494 31,760,646 (520) 31,761,167 0 11,761,167 207,514 84,215
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred dministrative Exp rofit & Risk Load axes & Fees	1.065  Experience Claim Paid to Allowe Projected Incu Projected Risk Projected Incu Projected ACA Claims ense Load  poss Premium Ave ection Period	o.976  as PMPM (w/app ed Average Facte urred Claims, bef Adjustments Ph ncurred Claims, r reinsurance rec	1.091  plied credi or in Project fore ACA r MPM before rei coveries, n	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  cable)  lj't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00% 9.61% 3.90%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18 51.87 21.05 26.61 \$539.70 \$594.30	\$ \$	22,298,494 11,760,646 (520) 11,761,167 0 11,761,167 207,514 84,215 106,456
	Prescription Drug Total	Benefit Period		1.00 F	0.00 \$0.00 rojected Allowed rojected Incurred dministrative Exp rofit & Risk Load axes & Fees ingle Risk Pool Grr	1.065  Experience Claim Paid to Allowe Projected Incu Projected Risk Projected Incu Projected ACA Claims ense Load  poss Premium Ave ection Period	ns PMPM (w/app d Average Factored Claims, bef Adjustments Phocurred Claims, or reinsurance records.	1.091  plied credi or in Project fore ACA r MPM before rei coveries, n	1.023 ibility if application Period rein & Risk Aconsurance rec	1.12  cable)  lj't, PMPM  overies, net of rein	1.16	<u>0.00</u> \$0.00			106.07 \$574.48 100.00% 9.61% 3.90%	\$574.48 0.766 \$440.05 -0.13 \$440.18 0.00 \$440.18 51.87 21.05 26.61 \$539.70	\$ \$	22,298,494 11,760,646 (520) 11,761,167 0 11,761,167 207,514 84,215 106,456

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## **Product-Plan Data Collection**

Company Legal Name: Aetna Health Inc. (a PA corp.)

HIOS Issuer ID: Small Group

Effective Date of Rate Change(s): 1/1/2017

# **Product/Plan Level Calculations**

### Section I: General Product and Plan Information

Product							Aetna POS						
Product ID:							34822KY006						
Metal:	Bronze	Bronze	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold
AV Metal Value	0.620	0.617	0.817	0.797	0.820	0.720	0.714	0.717	0.710	0.695	0.693	0.801	0.802
AV Pricing Value	0.765	0.795	1.120	1.046	1.168	0.998	0.905	1.035	0.946	0.930	0.828	1.149	1.130
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New
Plan Type:	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
	KY Bronze	KY Bronze		KY Gold HNOption		KY Silver	KY Silver	KY Silver	KY Silver	KY Silver	KY Silver		
Plan Name	HNOption 5500 80	HNOption 6200	KY Gold HNOption	1500 80 50	KY Gold HNOption	HNOption 2000 80	HNOption 2600 80	HNOption 3000	HNOption 3500 80	HNOption 5000 80	HNOption 5500 80	KY Gold HNOption	KY Gold HNOption
	50 HSA E	100 50 HSA E	1000 80 50	Integrated	500 80 50	50	50 HSA E	100 50 HSA E	50	50	50 Integrated	0 100 50 40	0 100 50 50
Plan ID (Standard Component ID):	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2							0.00%						
Historical Rate Increase - Calendar Year - 1							0.00%						
Historical Rate Increase - Calendar Year 0							0.00%						
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)	7.25%	8.92%	5.84%	8.57%	6.40%	4.83%	8.26%	9.28%	2.53%	5.75%	10.19%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	11.32%	13.06%	9.86%	12.69%	10.45%	8.81%	12.38%	13.43%	6.43%	9.77%	14.38%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Rate Increase %							11.43%						

State:

KY

## Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015
Inpatient	#DIV/0!	\$16.83	\$21.19	\$20.12	\$26.84	\$22.87	\$14.96	\$22.48	\$28.61	\$7.59	\$16.46	\$24.91	\$0.00	\$0.00
Outpatient	#DIV/0!	\$4.39	\$5.53	\$5.25	\$7.00	\$5.97	\$3.90	\$5.87	\$7.46	\$1.98	\$4.29	\$6.50	\$0.00	\$0.00
Professional	#DIV/0!	\$3.68	\$4.63	\$4.40	\$5.87	\$5.00	\$3.27	\$4.92	\$6.26	\$1.66	\$3.60	\$5.45	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$1.07	\$1.35	\$1.28	\$1.71	\$1.46	\$0.95	\$1.43	\$1.82	\$0.48	\$1.05	\$1.59	\$0.00	\$0.00
Other	#DIV/0!	\$9.90	\$12.47	\$11.84	\$15.80	\$13.46	\$8.80	\$13.23	\$16.83	\$4.47	\$9.69	\$14.66	\$0.00	\$0.00
Capitation	#DIV/0!	-\$0.97	-\$1.22	-\$1.16	-\$1.54	-\$1.31	-\$0.86	-\$1.29	-\$1.64	-\$0.44	-\$0.95	-\$1.43	\$0.00	\$0.00
Administration	#DIV/0!	-\$0.25	-\$0.31	-\$0.29	-\$0.39	-\$0.33	-\$0.22	-\$0.33	-\$0.42	-\$0.11	-\$0.24	-\$0.36	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	-\$8.86	-\$11.15	-\$10.59	-\$14.13	-\$12.04	-\$7.87	-\$11.83	-\$15.06	-\$4.00	-\$8.66	-\$13.11	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.27	\$0.34	\$0.32	\$0.43	\$0.37	\$0.24	\$0.36	\$0.46	\$0.12	\$0.26	\$0.40	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$26.06	\$32.83	\$31.17	\$41.59	\$35.45	\$23.17	\$34.84	\$44.32	\$11.75	\$25.50	\$38.61	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	-\$29.99	\$0.00	\$0.00

Average Current Rate PMPM	\$404.12	\$370.41	\$378.91	\$549.55	\$500.02	\$570.08	\$494.07	\$434.18	\$491.83	\$478.88	\$456.47	\$389.98	\$0.00	\$0.00
Projected Member Months	4,001	500	500	200	200	200	250	501	500	250	250	250	200	200

## Section III: Experience Period Information

Р	lan ID (Standard Component ID):	Total	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015
_ P	lan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
후	Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
lg .	Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other														
than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are														
other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0													
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!													
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0060009	34822KY0060010	34822KY0060002	34822KY0060003	34822KY0060001	34822KY0060004	34822KY0060005	34822KY0060011	34822KY0060006	34822KY0060007	34822KY0060008	34822KY0060014	34822KY0060015
Plan Adjusted Index Rate	\$564.46	\$454.87	\$472.57	\$666.00	\$621.57	\$694.54	\$593.04	\$538.21	\$615.42	\$562.20	\$552.73	\$492.04	\$682.93	\$671.61
Member Months	4,001	500	500	200	200	200	250	501	500	250	250	250	200	200
Total Premium (TP)	\$2,258,406	\$227,435	\$236,285	\$133,200	\$124,314	\$138,908	\$148,260	\$269,643	\$307,710	\$140,550	\$138,183	\$123,010	\$136,586	\$134,322
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are othe than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,298,470	\$266,253	\$277,935	\$118,248	\$113,174	\$122,968	\$149,490	\$273,948	\$311,580	\$143,699	\$144,320	\$128,751	\$124,812	\$123,291
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$537,842	\$88,947	\$93,731	\$14,406	\$16,260	\$14,676	\$33,909	\$63,737	\$71,694	\$34,129	\$36,594	\$32,853	\$18,331	\$18,574
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,760,628	\$177,306	\$184,204	\$103,841	\$96,914	\$108,291	\$115,581	\$210,211	\$239,887	\$109,571	\$107,726	\$95,898	\$106,482	\$104,717
Net Amt of Rein	\$0	\$0	\$0	\$0		\$0	\$0		\$0		\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$520	-\$65	-\$65	-\$26	-\$26	-\$26	-\$33	-\$65	-\$65	-\$33	-\$33	-\$33	-\$26	-\$26
Incurred Claims PMPM	\$440.05	\$354.61	\$368.41	\$519.21	\$484.57	\$541.46	\$462.32	\$419.58	\$479.77	\$438.28	\$430.90	\$383.59	\$532.41	\$523.58
Allowed Claims PMPM	\$574.47	\$532.51	\$555.87	\$591.24	\$565.87	\$614.84	\$597.96		\$623.16	\$574.80	\$577.28	\$515.01	\$624.06	\$616.45
EHB portion of Allowed Claims, PMPM	\$574.47	\$532.51	\$555.87	\$591.24	\$565.87	\$614.84	\$597.96		\$623.16		\$577.28	\$515.01	\$624.06	\$616.45